Department of Health

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Health Information Exchange (HIE) Advisory Commission
August 7, 2014
Meeting Minutes

Attendance:
Commission Members: Ted Almon, David Gorelick, MD (Chair), Paula Hemond, Nicole Lagace, Lisa Shea, MD
State Staff: Jane Morgan, Samara Viner-Brown, Amy Zimmerman
Guests: Laura Adams (Rhode Island Quality Institute), Dolores Burk (Neighborhood Health Plan of Rhode Island), Alok Gupta (Rhode Island Quality Institute), Alicia Maltz (Rhode Island Quality Institute)

1. **Meeting Called to Order:** at 3:30PM by Chair, Dr. David Gorelick.
   a) Introductions
   b) Minutes (June 5, 2014) approved

2. **Public Comment: None**
   Related Discussion: the group reaffirmed it will hold public comments at the beginning of each meeting. If there are any additional issues that arise, they can be raised at the next commission meeting.

3. **Role of Health Insurer's Nurse Care Managers**
   - This topic is a follow up to a discussion during the 6/5/14 meeting about those who have access to CurrentCare. Currently, health plan nurse care managers, emergency medical technicians, and school nurses do not have access. To get a better understanding of the role of health insurers' nurse care managers, Dolores Burke, Director of Case Management, Neighborhood Health Plan of RI, was invited to discuss care management.
   - Ms. Burke presented information on case management, source of referrals, roles and responsibilities of nurse care managers and the goals of care management.
   - Nurse care managers complete health risk assessments on members, which may lead to a more comprehensive assessment and then offering enrollment in a care coordination program. The care coordination team includes nurse care managers, social work case managers, certified diabetes educators, community health workers and others.
   - The nurse care managers manage care for those without a primary care provider or not engaged in primary care. They coordinate with PCPs, provider case managers and other providers to compliment care plans and avoid duplication. Access to CurrentCare would be very beneficial.
     Discussion
   - Mr. Almon asked whether health plans can put language in their subscriber policies to grant access to the health information exchange.

- Dr. Shea asked RIQI whether the regulations specify the types of providers. Laura Adams responded that the law states organizations that provide care; insurance companies do not provide care.
- Dr. Gorelick asked whether the law needs to be amended and that including "health team" would make it broader. Should this be a recommendation of this commission? Perhaps advocates can play a role.
- Ms. Lagace asked why Neighborhood Health Plan starting using case managers. Ms. Burke responded that the case management model was created to fill gaps and address barriers to care. Their case management program has grown over the past ten years.

4. Discussion of Recommendations Related to Current Care

a) Role of the RHIO

- The group discussed providing recommendations to HEALTH in conjunction with the RHIO. Jane Morgan mentioned that the law mandates that the Commission collaborate with the RHIO (RIQI) in making recommendations. Additionally, the RHIO can answer Commission questions and provide input. Integrating the legislation with the Open Meetings law requires some finesse. Ms. Morgan reminded the group that discussions among commission members cannot occur outside of the meeting. Options for collaboration include: put topic on agenda, vote and send letter to RIQI for their response; if more input is needed, the commission could vote to a public comment period at end of meeting, please note this would be a spontaneous request etc. Alternatively, the Commission can just ask RIQI for comments and if more discussion is needed, raise it at the next meeting.
- Board members can indicate that they want additional comments from the RHIO and motions can be made to reflect this in the minutes.
- Recommendations to the Director will be broad and not too prescriptive.
- A standing time can be placed on the agenda and RIQI will be present at the meetings.
- Recommendations will be compiled and included in the Commission's Annual Report. This will be done in collaboration with RIQI.

b) Use of Current Care

- Mr. Almon commented that there is a conflict between the mission of the HIE and the variable perception of right to privacy
- Dr. Gorelick mentioned that users sign an agreement that CurrentCare data will be used to help coordinate care and not beyond that
- Mr. Almon responded that health plan nurses are not part of the law's definition of healthcare provider
- Dr. Shea suggested it would be helpful to understand why the nurse managers weren't included when the legislation was created. This question was posed to the RHIO. Laura Adams responded that the law was developed in 2006 and passed in 2008. Team-based care has evolved, but at the time the legislation was developed, other types of providers were not considered. Although school nurses existed in 2006, they were not seen as care providers.
- Ms. Zimmerman stated that the limited definition was an effort to assure privacy and compliance with HIPAA. There was less consideration regarding whether certain groups of providers (e.g., school nurses, nutritionists, etc.) may have been excluded. Payers were seen only as payers and not as care managers. There was a lack of understanding regarding the implications of the law.

- Recommendation: The group agreed to make a formal recommendation to the Director requesting a mechanism by which other team members in the community may get access to CurrentCare. The formal recommendation will be under separate cover.

c) Integration of Confidential Information: Substance Abuse and Alcohol Treatment Data

- Laura Adams presented information regarding the integration of Current Care of substance abuse and alcohol treatment data from 42 CFR (Code of Federal Regulations) Part 2 facilities. She explained that 42 CFR Part 2 is the federal regulations governing confidentiality of substance abuse and alcohol treatment information by facilities receiving federal dollars to run these programs.
- The CurrentCare consent alone is not enough to meet federal regulations and a second consent must be obtained from the patient by the Part 2 facility for the release of their data into CurrentCare. This second consent must be renewed annually. The Current Care consent remains in place until age 18 or voluntary revocation.
- It was also noted that the Part 2 tab appears in every patient record in CurrentCare regardless of whether there are Part 2 data in the record or not.
- It was suggested that a re-disclosure box be inserted or a watermark added to all Part 2 screens to remind providers that they are viewing Part 2 data.
- Dr. Gorelick questioned whether there should be a time-out screen which would be for a shorter period for Part 2 data
- Ms. Adams mentioned that RI was first in the nation to meet requirements to integrate behavioral health and substance abuse information.
- Currently, the Providence Center and Gateway participate. It requires time and resources to get other 42CFR facilities to participate.
- The Department of Behavioral Healthcare Developmental Disabilities and Hospitals (BHDDH) received a grant and developed an agreement with the Community Mental Health Centers to offer enrollment in Current Care to patients. The BHDDH consent form has been changed and can be used for Part 2
- It was noted that although the 42CFR regulations were intended to protect the confidentiality of those with substance abuse issues, they make it difficult for them to receive coordinated care.
- It was agreed that this Commission will draft recommendations next time regarding the points raised. Ms. Ziimmerman will draft, Dr. Gorelick will review and then forward to the full commission and RIQI for their review. RIQI will be invited to present and answer questions during the next meeting in October. The group was reminded that discussions of this or any topics cannot occur among commission members outside of the meeting.

5. HIE Advisory Commission Membership

- Dr. Gorelick reminded the group that Commission members are appointed for two-year terms, and the terms of current members will expire on 6/1/15. He asked about the number of terms members can serve and Ms. Morgan will report on this at the next meeting.
- According to the regulations, the Commission should have 7 members although this has been increased to 9. There are currently 5 members, which leaves 4 vacancies. These vacancies will hopefully be filled during the next legislative session. It was noted that Dr. Fine reviews suggestions and recommends prospective members to the Governor, who makes the appointment with advice and consent from the Senate.

- The group discussed the vacancies listed below:

    - Individual with database operations, maintenance and security
    - Business professional and healthcare consumer whose experience will facilitate the work of the Commission (possible candidate: Steve Royale, Cranston Chamber of Commerce)
    - Epidemiologist (possible resource: Brown School of Public Health)
    - Representative from an organization that deals with minority health issues
- The group will provide recommendations to Dr. Fine.

6. Schedule and Topics for Future Meetings

a) Meeting Schedule

- The group agreed that the frequency of meetings should continue as every other month. If there are not any pressing issues, the meeting can be canceled.
- Meetings will continue to take place on the first Thursday of the month, 3:30pm-5:00pm.
- Dr. Shea mentioned she will be unable to attend the October 2nd meeting. Dr. Gorelick is unavailable October 9th and 16th. It was agreed to move the meeting to October 23rd
- The 2015 schedule is as follows: February 5, April 2, June 4 and August 6, October 1, December 3.

b) Topics

- Dr. Gorelick asked whether a time slot should be assigned to RIQI/RHIO for every meeting or should it be based on specific agenda topics. Ms. Adams indicated that RIQI intends to be present at all Commission meetings and be available should questions about the HIE arise.

Suggested Topics

- Enrollment
- Use of Aggregate Data
- Consumer Interaction with their own data
- Dr. Gorelick will ask for suggested topics at every meeting and staff will maintain a running list for the agenda, which the group can prioritize.

7. Meeting Adjourned at 4:51pm